		Date:
Labor and Industrial Relatio Appeals Board 830 Punchbowl Street, Roos Honolulu, Hawaii 96813	_	
To whom it may concern:		
Pursuant to F	Iawaii Administrative	Rule (HAR) § 12-47-10(b) ¹ , I duly authorize
and appoint		•
and appoint	(Insert name o	f representative)
to act as my representative in	n my workers' compe	nsation claim(s) for an injury(ies) occurring on
or about		, while in the employ of
(Insert date(s) of injury(ies))	on the same of the
	(Insert name of En	oployer) ,
AB Number(s)	, DCD Claim	Number(s)(Insert DCD Number(s))
(Insert AB Num	ber(s))	(Insert DCD Number(s))
(Print Name of Claimant)		(Print Name of Representative)
Claimant's Signature		Representative's Relationship to Claimant
		Representative's Signature
		Representative's Address
		Representative's Phone Number

¹HAR § 12-47-10(b) provides:

A person may be represented by an attorney or other duly appointed representative, including, but not limited to, insurance representatives and union representatives in any proceeding under this chapter.